1249: SEPSIS WEEK – A PILOT STUDY

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Aims: To examine the effect that Sepsis Week (including lectures and simulator training) had on healthcare professionals' knowledge of sepsis in Royal Bournemouth Hospital.

Methods: A spot-test questionnaire was disseminated before and after 'sepsis week' to medical and nursing staff of various grades. The questionnaire was re-distributed after sepsis week.

Results: 56 questionnaires were disseminated before sepsis week, producing an overall mean score of 71%. 39.8%were able to correctly define sepsis. The majority of staff could correctly define septic shock and were able to identify SIRS criteria. Appropriate response to changes in a patient's Early Warning System score was poor. 73% respondents correctly provided components of 'sepsis 6'. Two-thirds of respondents correctly defined the volume and rate of fluid challenge. Following sepsis week, the overall score increased to 82%. Scores improved in all but one question. 81% respondents could now provide the 'Sepsis 6' interventions. 81% correctly defined fluid challenge.

Conclusion: Existing knowledge is variable, particularly of the parameters required to trigger escalation of a patient progressing to septic shock. This pilot study suggests the educational material provided during sepsis week improves recognition and management severe sepsis.

1250: TIME AND DAY OF ADMISSION DOES NOT PREDICT OUTCOME OF APPENDICECTOMY

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Aims: It has been suggested that acute surgical admissions at the weekend or at night have a worse outcome than those during normal working hours. We report on the first evidence of this kind for patients presenting with acute appendicitis.

Methods: We retrospectively analysed data from all patients undergoing appendicectomy for acute appendicitis between January and December 2011. Differences in length of hospital stay (LOS), surgical approach, post-operative complications, return to theatre, readmissions and histological outcome were assessed for time (Day=08:00-16:59; Evening=17:00-22:59; Night=23:00-07:59) and day (Weekday=Mon 08:00-Fri 22:59; Weekend=Fri 23:00-Mon 07:59) of admission. Mann-Whitney, Kruskal-Wallis and Chi-squared (X^2) analyses were performed as appropriate.

Results: A total of 354 patients were identified. LOS was not related to time or day of admission (p=0.55;p=0.129). Time and day of admission were not associated with likelihood of pre-operative CT (p=0.771;p=0.71), conversion to open surgery (p=0.594;p=0.87), post-operative complications (p=0.939; p=0.477), return to theatre (p=0.904;p=0.927) or re-admission to hospital (p=0.225;p=0.624). Conversely, patients admitted during the night were more likely to demonstrate a histologically normal appendix (p=0.029).

Discussion: Contrary to previous evidence for a variety of emergency presentations, patients admitted at the weekend or at the night with acute appendicitis do not experience poorer outcomes.

1290: ACCURACY OF ULTRASOUND AS A DIAGNOSTIC TOOL FOR THE ASSESSMENT OF OCCULT HERNIAS

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Aim: Diagnosis of abdominal wall hernias is primarily a clinical diagnosis. However, in symptomatic patients with clinically impalpable hernia ultrasound can be helpful. We tested the usefulness and accuracy of ultrasound in such patients over period of one year.

Method: Prospective list of patients having ultrasound examination for symptomatic hernias collected from radiology department (n=270). Ultrasound which confirmed presence of hernias were identified (n=76). Ultrasound findings and clinical assessment were analysed. In patients who underwent surgery, intra-operative findings were compared with ultrasound results.

Results: Equal proportions of hernias were palpable, not palpable and inconclusive. In 93%, the presenting symptoms were pain, lump or combination of both. 40 patients (60%) were operated. Of those 91% patients had ultrasound findings were consistent with intra-operative findings. In 4 patients the findings were inconsistent. Intra-operative findings for these 4 patients were; no hernia, lymph node, lipoma of cord and direct inguinal hernia.

Conclusions: Ultrasound is non-invasive and non-ionising radiation imaging modality for diagnosis of impalpable hernias with sensitivity of 93%. Ultrasound has replaced the need of herniogram in such patients, hence avoiding the complications associated with herniogram. It is also cheaper than herniogram, hence it has financial benefits.

1305: ANTIBIOTIC PRESCRIBING AFTER APPENDICECTOMY; ARE WE FOLLOWING THE EVIDENCE?

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Aim: Appendicectomy is a common emergency procedure. Evidence shows antibiotics should be given on anaesthetic induction, and then for 5 days post operatively in complicated cases. We aim to investigate whether our practice is evidence based and is this affecting our post-operative wound infection rate.

Method: 100 consecutive casenotes were retrospectively reviewed from patients who underwent appendicectomies between July 2011 and June 2012. 14 were excluded due to incomplete notes. We searched our hospital's laboratory database and the patient notes for evidence of post operative wound infection.

Results: Complete data was found for 86 patients (44 male). 50 patients underwent open appendicectomy, 22 laparoscopic and 14 laparoscopic converted to open. We found evidence for 9 post-operative wound infections, 7 of which had appropriate antibiotic therapy. 51 received post-operative antibiotics. 20 patients had complicated appendicitis, but only 4 completed the recommended 5 day course. 8 patients with complicated appendicitis were given a shorter course, 2 of whom developed wound infections.

Conclusion: Post-operative antibiotic prescribing is inconsistent and not in line with evidence. 36% of patients are being prescribed antibiotics they do not require. Of those requiring antibiotics only 20% are being prescribed the correct course, which may have increased wound infections.

1421: EFFECT OF PARENTERAL OMEGA-3 FISH OIL ON C3 LEVELS AND MORTALITY IN SEPTIC PATIENTS ON INTENSIVE CARE UNIT

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Aims: To correlate mortality, effect of parenteral omega-3 fish oil and C3 levels in septic patients on Intensive Care Unit (ITU).

Methods: As part of a randomised controlled trial investigating the effects of parenteral omega-3, 19 patients with severe abdominal sepsis were analysed. C3 levels were measured at two time points, t1 – day 0, t2 – last day on ITU. They were divided into two groups, group1 (N=8) were patients with lower C3 at t2, group 2 (N=11) were patients with stable or higher C3 at t2. Type of organism and 28-day mortality were compared in the groups.

Results: All patients were C3 depleted at baseline (<750mcg/ml). In group1, majority of the sepsis was due to gram negative organism, group2 was due to gram positive organism. There were 3 deaths (50%) in group1, all controls with progressive depletion of C3 and no deaths (0%) in the omega-3 sub-group. In group 2, 6/7 patients receiving omega-3 survived (14% mortality) while 3/4 control patients survived (25% mortality).

Conclusions: Parenteral omega-3 reduces mortality by up to 50%. Progressive depletion of C3 is associated with poor outcome and may be used as a marker for clinical outcome.

1450: A SIMPLE MESSAGE WITH SIGNIFICANT POTENTIAL FOR IMPROVING PATIENT SAFETY BY TARGETING ACCURATE COMMUNICATION

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Aim: 80% of neurosurgical referrals are managed by telephone and we rely upon adequate documentation of our advice in peripheral hospitals. We sought to improve patient safety by improving this aspect of communication.

Methods: A single-blinded, prospective, closed-loop audit was undertaken. For 40 consecutive referrals, we obtained the notes made by the referring team and audited these against 5 key criteria that were critical to document. Thereafter, we changed our practice during telephone referrals to request that the management plan was read back to us, and re-audited.

Results: Initially, peripheral hospital documentation was poor. Complete documentation of our advice was present in only 13/40 of cases, and